



Facility Inspection Report Issued By The Minnesota Department of Corrections Pursuant to MN Statute 241.021, Subdivision 1

Inspection and Enforcement Unit, 1450 Energy Park Drive, Suite 200, St.Paul MN 55108
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INSPECTION DETAILS FOR:

Traverse County Jail

Address: 203 Seventh Street N, PO BOX 826, Wheaton, MN 56296

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Biennial **Inspected By:** Justin Roberts – Senior Detention Facility Inspector **Inspected on:** 09/25/2025

Inspection Method: Facility walk-through, staff and inmate interviews, staff and inmate file reviews, and facility documentation and video reviews.

Officials Present During Inspection: Administrative Assistant Janessa Miller; Jail Administrator Blayne Olson; Sheriff Trevor Wright

Officials Present for Exit Interview: Administrative Assistant Janessa Miller; Jail Administrator Blayne Olson; Sheriff Trevor Wright

Issued Inspection Report to: Administrative Assistant Janessa Miller; Jail Administrator Blayne Olson; Sheriff Trevor Wright; County Coordinator Lisa Zahl

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance	Total Compliance With Recommendations	Compliance Rating	Substantial Compliance Result/Criteria
2911	Mandatory	122	116	6	0	95.08%	Compliance rating of 100%
2911	Essential	95	94	1	0	98.95%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 11/01/2025 **Ends On:** 10/31/2027 **Facility Type:** Jail
Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 10/31/2026
Delinquent Juvenile Hold Approval: 24 hrs exclusive of weekends and holidays **Certificate Holder:** Traverse County Sheriff's Office
Courthouse, P.O. Box 826
Wheaton, MN 56296

Special Conditions:

Approved Capacity Details *Operational Capacity is calculated as a percent of Approved Capacity beds.

Bed Type	Gender	Approved Capacity	Effective Date	%Operating Capacity	Operational Capacity	Bed Details	Conditions
Secure	Coed	11	9/20/2001	70	7.70	None.	

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance**Total: 6****1. 2911.1900 POLICY AND PROCEDURE MANUALS.**

A facility shall have a written policy and procedure manual that is electronically available to staff and relevant regulatory authorities and defines the philosophy and method for operating and maintaining the facility. This manual shall be made available to all employees, reviewed annually, updated as needed, and staff trained accordingly. The manual shall include, at a minimum, the following chapters: A. correctional standards required under this chapter; B. administration and organization; C. fiscal management; D. personnel; E. training; F. inmate records; G. safety and emergency; H. security and control; I. sanitation and hygiene; J. food service; K. medical and health care services; L. inmate rules and discipline; M. communication, mail, and visiting; N. admissions, orientation, classification, property control, and release; O. inmate activities, programs, and services; and P. a written suicide prevention and intervention plan. The facility administrator or designee shall review policy and procedure manuals at least once each year. The review shall be documented in written form sufficient to indicate that policies and procedures have been reviewed and amended as appropriate to facility changes.

Inspection Findings:

A policy and procedure review was completed prior to the inspection, the review found 11 policies that needed to be resolved to meet all policy and procedure requirements.

Corrective Actions:

The items found during the review were provided to the Jail Administrator prior to the inspection and changes were made to meet the requirements. The corrective actions were completed prior to the inspection and verified.

Response Needed By:**2. 2911.2500 SEPARATION OF INMATES. Subpart 1. General.**

A combination of separate housing units inclusive of special management areas, general population, and minimum security areas and cells, dormitories, and dayroom spaces shall be provided to properly segregate inmates pursuant to Minnesota Statutes, section 641.14. The facility shall provide for the separate housing of the following categories of inmates: A. female and male inmates; B. community custody inmates such as work release or sentencing to service; C. inmates requiring disciplinary segregation; D. inmates requiring administrative segregation; E. juveniles who do not meet Minnesota statutory requirements for placement with adults; F. special management, general population, and minimum security inmates as considered appropriate to the facilities design intent and classification system; and G. inmates classified as mentally ill or special needs inmates in a manner consistent with Minnesota Statutes, section 253B.05.

Inspection Findings:

A review of classification records found different classifications were being housed together and sharing day space time. Two inmates classified as minimum were housed with two inmates classified as medium.

Corrective Actions:

The facility was instructed to review inmate classifications and separate any inmates housed together who were not of the same classification. This action was completed prior to the inspector's departure. The facility and the inspector will continue to monitor compliance.

Response Needed By:**3. 2911.2525 ADMISSIONS. Subpart 3. Orientation to rules and services.**

A facility shall develop a written policy and procedure that provides: A. a method for all newly admitted inmates to receive orientation information in a manner the inmates can understand; and B. documentation by a statement that is signed and dated by the inmate that the inmate completed orientation.

Inspection Findings:

A review of inmate admission records found that not all inmates are receiving orientation. Specifically, two inmates admitted on July 31, 2025, and September 24, 2025, did not have documentation indicating that orientation was provided.

Corrective Actions:

The facility must provide staff training on the admission orientation process for all newly admitted inmates. Documentation showing that all staff have completed this training must be submitted to the DOC by the assigned deadline. The inspector will continue to monitor for compliance.

Response Needed By: 10/31/2025**4. 2911.3700 EMERGENCIES AND UNUSUAL OCCURRENCES. Subpart 2. Quarterly review of emergency procedures.**

There shall be a review of emergency procedures once every three months. The review shall include: A. assignment of persons to specific tasks in case of emergency situations; B. instructions in the use of alarm systems and signals; C. systems for notification of appropriate persons outside the facility; D. information on the location and use of emergency equipment in the facility; E. specification of evacuation routes and procedures; and F. that the review be documented and require signature or initialing by all staff.

Inspection Findings:

The facility was unable to provide documentation of the quarterly reviews of emergency procedures.

Corrective Actions:

The facility must provide documentation of the quarterly review of emergency procedures to the Department of Corrections, beginning December 31, 2025. Documentation of subsequent reviews must be provided on March 31, 2026, and June 30, 2026.

Response Needed By: 12/31/2025**5. 2911.5000 POST ORDERS; FORMAL INMATE COUNT; WELL-BEING CHECKS. Subpart 4. Counting.**

A facility shall have a written policy describing the system of counting inmates. Formal counts shall be completed with an official entry made in the daily log at least once each eight hours. The facility shall maintain a system that identifies the whereabouts of all inmates in custody and includes a system of accountability for inmates approved for temporary absences from their assigned housing units. A written policy and procedure shall provide that staff regulate inmate movement.

Inspection Findings:

Documentation reviewed for July, August, and September 2025 indicates that counts are being conducted; however, multiple counts were over the required eight hours.

Corrective Actions:

The facility is reviewing changes to its count schedule to conduct head counts every six hours, ensuring that counts are documented at least every eight hours as required. The facility must provide documentation of the completed schedule to the Department of Corrections by the assigned date. The inspector will continue to monitor for compliance.

Response Needed By: 10/31/2025**6. 2911.6200 MEDICAL AND DENTAL RECORDS. Subpart 1b. Release of information consent forms.**

Release of information consent forms must comply with applicable federal and state regulations.

Inspection Findings:

A review of inmate admission records found that inmates are not being properly referred for mental health services. Specifically, three inmates in the records reviewed should have been referred for further mental health evaluation based on their responses, but staff did not make the referrals.

Corrective Actions:

The facility must retrain staff on properly completing mental health screenings. Documentation showing that all staff have received this training must be provided to the Department of Corrections by the assigned date. The inspector will continue to monitor for compliance.

Response Needed By: 10/31/2025

Chapter 2911 - Essential Rules Not In Compliance**Total: 1****1. 2911.1300 CUSTODY STAFF TRAINING.**

A facility shall have a written policy and procedure that provides that all custody staff receive 120 hours of orientation and training during the first year of employment. Forty of these hours are completed prior to being independently assigned to a particular post. All persons in this category are given an additional 16 hours of training each subsequent year. At a minimum, training completed before independent assignment to a particular post shall include: A. security procedures; B. supervision of inmates; C. signs of suicide risk and suicide precautions; D. vulnerable inmates; E. response to resistance regulations and tactics; F. report writing; G. inmate rules and regulations; H. rights and responsibilities of inmates; I. fire and emergency procedures; J. key control; K. interpersonal relations and communication skills; L. diversity training; M. distribution of medications; N. right to know; and O. blood-borne pathogens and communicable diseases.

Inspection Findings:

The facility could not provide documentation showing that in 2024 one newly hired custody staff in completed the required 120 hours of orientation training within their first year of employment. In addition, the facility did not provide documentation verifying that the correctional officer completed the required 40 hours of training prior to being independently assigned.

Corrective Actions:

The facility must ensure that the newly hired custody staff in 2024 completes the training documentation of 120 hours of orientation training within the first year and that 40 hours of the specific training required by the rule was completed before being independently assigned. Documentation showing that the custody staff has completed this training must be submitted to the DOC by the assigned deadline.

Additionally, the facility must ensure that all custody staff complete 120 hours of orientation training within their first year of employment, including 40 hours of the specific training required by rule, and that all training is properly documented. The facility must notify the Department of Corrections of all newly hired correctional staff and provide documentation verifying completion of the required training before any officer is independently assigned. Compliance with these requirements will continue to be monitored by the inspector.

Response Needed By: 10/31/2025**INSPECTION COMMENTS**

The facility will remain on a biennial inspection status.

JJDPA Compliance

On September 25, 2025, a Juvenile Justice and Delinquency Prevention (JJDP) Act Audit was conducted. A review of DOC Portal indicated that zero (0) juvenile was processed in the Traverse County Jail from October 1, 2024 to September 25, 2025. A review of data identified no violations.

DSO: No violations determined of the facility holding status offenders in the jail.

Jail Removal: No violations of the jail removal standard.

Sight and Sound Separation: The facility design and policies allow for proper sight and sound separation.

The facility does not participate in any "Scared Straight" programs for any youth that are under public authority.

Based on the documentation reviewed, zero (0) violations of the JJDP Act were identified during the Traverse County Jail inspection.

Report completed By: Justin Roberts – Senior Detention Facility Inspector

Signature: 